| NO. ( COPIES REC | EIVED |  |  |
|------------------|-------|--|--|
| DISTRIBUTION     |       |  |  |
| SANTA FE         |       |  |  |
| ' ILE            |       |  |  |
| U.S.G.\$.        |       |  |  |
| LAND OFFICE      |       |  |  |
| TRANSPORTER      | OIL   |  |  |
| - TANASI OKI EK  | GAS   |  |  |
| OPERATOR         |       |  |  |
| PRORATION OF     | İ     |  |  |

VI.

February 12, 1965

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

| SANTA FE  |                        | REQUEST FOR ALLOWABLE                              |  |  |  |  |
|---|------------------------|--|--|--|--|--|
| U.S.G.S.  | ALITHODI               | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |  |  |  |  |
| LAND OFFICE   | AUTHURI                | ZATION TO TRA                                      | ANSPORT OIL AND NATU                                       | IRAL GAS   |  |  |
| IRANSPORTER OIL   |                        |  |  |  |  |  |
| GAS   |                        |  |  |  |  |  |
| OPERATOR  |                        |  |  |  |  |  |
| . PRORATION OFFICE  |                        |  |  |  |  |  |
| Address   |                        | TEXACO In  | ıc.  | <u></u>  |  |  |
|   |                        | P. O. Box  | c 728 - Hobbs, New M                                       | [exico   |  |  |
| Reason(s) for filing (Check proper)                           | box)                   |  | Other (Please explain                                      | in.)   |  |  |
| New Well  | Change in Tr           |  |  |  |  |  |
| Hecompletion Change in Ownership                              | Oil<br>Casinghead (    | Dry Go   |  |  |  |  |
| If change of ownership give name                              | e                      |  |  |  |  |  |
|   | DIFACE                 |  |  |  |  |  |
| I. DESCRIPTION OF WELL AN Leave Name                          | D LEASE                | Well No. Pool Na                                   | me, Including Formation                                    | Kind of Lease Fee  |  |  |
| C. H. Weir "B"  |                        | 6 8  | Skaggs Glorieta  | State, Federal or Fee  |  |  |
| Location Unit Letter P 6                                      | 60 500 500 7           | East   | 660  | From The South   |  |  |
| ( ).It Letter;  | reet From 1            | Lii  |  | Crion the  |  |  |
| Line of Section 11  | Township 20-S          | Range  | 37-E , NMPM,   | Lea County   |  |  |
| DESIGNATION OF TRANSPO  | RTER OF OIL AN         | ID NATURAL GA                                      | ıs   |  |  |  |
| Name of Authorized Transporter of Shell Pipe Line Comp        | 1                      | ensate 🔲   |  | h approved copy of this form is to be sent)  |  |  |
| Name of Authorized Transporter of                             | - ·                    | or Dry Gas   | P. O. Box 1910 -   | h approved copy of this form is to be sent)  |  |  |
| Skelly Oil Company  |                        | 0. 2, Gao  | 4  | Eunice, New Mexico   |  |  |
| If well produces oil or liquids,                              | Unit Sec.              | Twp. Rge.  | Is gas actually connected?                                 | When   |  |  |
| give location of tanks.                                       | K   12                 | 20-S 37-E  | YES  | February 12, 1965  |  |  |
| If this production is commingled. COMPLETION DATA             | with that from any o   | ther lease or pool,                                | give commingling order number                              | er:  |  |  |
|   | Oil W                  | 'ell Gas Well                                      | New Well Workover Dee                                      | pen Plug Back Same Res'v. Diff. Res'v  |  |  |
| Designate Type of Comple                                      |                        | es i no  | <del> </del>   | EW NEW NEW NEW   |  |  |
| January 8, 1965   | February               |  | Total Depth 6900!  | P.B.T.D.<br>68651  |  |  |
| Pool  | Name of Producing      |  | Top Oil/226 Pay  | Tubing Depth   |  |  |
| Skaggs Glorieta Perforations                                  | Glorieta               |  | 52651  | 6896 Depth Casing Shoe   |  |  |
| One jet per foot from   | m 52651 to 52°         | 75 <b>'</b>  |  | 6896   |  |  |
|   | TUB                    | ING, CASING, AND                                   | CEMENTING RECORD   |  |  |  |
| HOLE SIZE   | i                      | TUBING SIZE  | DEPTH SET  | SACKS CEMENT   |  |  |
| 1111  | 8 5/8"                 |  | יוווי  | 550 Sx•  |  |  |
| 7 7/8"<br>7 7/8"  | 2 7/8"                 |  | 68961  | 900 Sx.  |  |  |
| 1 170"  | 2 1/0"                 |  | 69001  | 900 Sx.  |  |  |
| TEST DATA AND REQUEST   | FOR ALLOWABLE          |  | fter recovery of total volume of lo                        | oad oil and must be equal to or exceed top allow                                     |  |  |
| OIL WELL.  Date First New Oil Run To Tanks                    | Date of Test           | dote for this de                                   | pth or be for full 24 hours) Producing Method (Flow, pump, | eas lift, etc.)  |  |  |
| February 9, 1965  | February 12            | 2, 1965  | Swab   |  |  |  |
| Length of Test  | Tubing Pressure        |  | Casing Pressure  | Choke Size   |  |  |
| 24 Hours Actual Prod. During Test                             | Swab                   |  | Swab Water-Bbls.   | Swab Gas-MCF   |  |  |
| 170   | रिप्रे                 |  | 126  | 17.6   |  |  |
|   |                        |  | <u> </u>   |  |  |  |
| GAS WELL Actual Prod. Test-MCF/D                              | Length of Test         |  | F  |  |  |  |
| Actual Flod: Fest-MCF/B                                       | Length of Test         |  | Bbls. Condensate/MMCF                                      | Gravity of Condensale  |  |  |
| Testing Method (pitot, back pr.)                              | Tubing Pressure        |  | Casing Pressure  | Choke Size   |  |  |
|   |                        |  |  |  |  |  |
| CERTIFICATE OF COMPLIANCE                                     |                        | OIL CONSE  | ERVATION COMMISSION  |  |  |  |
| I hereby certify that the rules and                           | d regulations of the ( | Oil Conservation                                   | APPROVED   | , 19   |  |  |
| Commission have been complied above is true and complete to t | with and that the      | information given                                  | • /  | ·  |  |  |
|   | ne cest of my know     | reake and petiet.                                  | BY   |  |  |  |
| $\mathcal{A}$   |                        |  | TITLE  | -  |  |  |
| Holoman   |                        |  | This form is to be filed in compliance with RULE 1104.     |  |  |  |
| U Darmand 18:   | (nature)               |  |  | allowable for a newly drilled or deepened companied by a tabulation of the deviation |  |  |
| H. D. Raymond U (Signature Assistant District St              | •                      |  |  | companied by a tabulation of the deviation accordance with RULE 1'1.                 |  |  |
|   | Title)                 |  | All sections of this for                                   | rm must be filled out completely for allow-  |  |  |

 $\,$  All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.